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ABSTRACT

The development of depression in ill and healthy adolescents is explored and the question of whether hospitalization is accompanied by improvement in depression among cancer and non-cancer patients is addressed. Two studies, one between and one within subjects, longitudinal design with repeated measurement over 4 months, were carried out. MANOVA and ANOVA analyses were used. The three groups of subjects were (1) patients with cancer (N=30; mean age=15.5 years); (2) patients with some other disease (N=30; mean age=15.8 years); and (3) normal subjects (N=30; baseline age=16 years). Mean hospitalization was 55 days. The Beck Depression Inventory was used to assess depression. The pretest revealed a significant difference among the three groups in depression. After 4 months results show (1) depression was positively correlated with hospitalization stays of patients, and (2) there is a significant relationship between patients' (both groups) and healthy adolescents' depression. This study underscores the importance of evaluating patients' hospitalization stay in comparison with normal adolescents. (EMK)

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THE COMPARISON OF DEPRESSION IN ILL AND HEALTHY ADOLESCENTS IN IRAN

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Objective: The purpose of this research was (1)to study depression and its development in ill and healthy adolescents. (2) Whether improvement depression during hospitalization was accompany by cancer and non cancer patients. **Method** One between and one within subjects, longitudinal design with repeated measurement MANOVA performers. Three groups of subjects studied were as follows (1) Patients with cancer (n=30, with mean of age 15.50 Yr.) (2) Patients with non cancer (n=30, mean of age 15.8 Yr.). The subjects participated in assessments of depression severity by BDI (beck depression inventory,1975),mean of hospitalization 55 day, a demographically similar group of normal comparison subjects (participated in baseline assessment.(N=30,mean of age 16).**Result's** After four months of study the following results accured (1) Depression was positively correlated by hospitalization stays of patients.(2) There is significant relationship between patients (cancer and non cancer) and healthy adolescent's depression **Conclusions** this study underscores the importance of evaluation patient's hospitalization stay in comparison to normal adolescents' patients.

The numerous and important factors related to depression, in DSM IV (American Psychological Association 1994) depression includes "feeling of worthlessness or excessive or inappropriate guilt."In the study of depression and its cause and effect, the main study participated to find a more sufficient method to reduce depression. Beck, et al. (1985) Evaluated the efficacy of cognitive method in the control of depressive symptomatology of patients treated, these results found have been defined by the BECK Cognitive Model of depression related on three concepts:the cognitive triads, schemes, and cognitive errors(beck,et al, 1979). The cognitive triad refers to the depressed persons negative view of himself, his experiences, and the future. These are the cognitive structures that orient the individual to a situation in some schemes developed from core beliefs or expectations about

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the self or others, such as safety , trust , power, self-esteem, and intimacy. Finally Each person has many senses, schemes that are understandable to the clinician, these enrich and develop across time. For example when a trauma occurs a negative schema develops to allow the person to make sense out of the his vulnerability and pain. This negative schema also serves to protect the individual from vulnerability in prevention sense by cognitive errors. As a result any chronic disease as much as possible to make individual to seeks their schema both their life experiences (like Chemotherapy, hospitalize and etc.).Leighton G. et al. (1990) Discussed, people in poor health are at great risk for suicide than without significant medical problems. Moffitt,karen (1985) in association of children in cancer has proposed the patients that suffer by cancer have decreased school attention, drop IQ score and reasoning (Anderson et al.,1989) In persprospectiv longitudinal study of persons with cancer reports depression rate was significantly more than control group. Canning, Emily and other (1992) and varni, James (1995) discussed separately the important of adolescence patients in cancer and some

THE DEPRESSION RANGES IN NORMAL GROUP

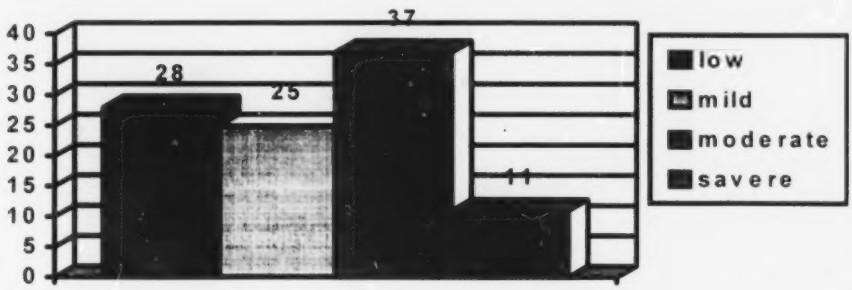

Figure number 1-Defined depression scores by subjects in four groups

of their behavioral problems .Varni,james (1994) perceived stress and adjustments of long-term survivors of child hood cancer. Thirty-nine subjects completed the adolescent perceived events scale,SCL90 (aged 13-23).The subjects were from high school, they argue that patients show more depression and behavioral problems. At the results of this study engaged

to longitudinal evaluation of patients (cancer and non cancer) and normal adolescent's depression.

The three groups of subjects participated to complete BDI (Beck Depression Inventory) for evaluated their depression rates. The groups of this study were as follows;1- Thirty patients that suffering from cancer by mean of ages (15.50 Yr.) 2-thirty patients from non cancer disease like heart disease (the mean of age was 15.80 Yr.) And the mean of hospitalization was 55 days. Similar group of normal group comparison subjects participated in baseline assessment (N=30,MEAN OF AGE =16). All of the subjects participate to complete BDI in early first months (SEPT-OCT--DEC-NOV.).Figure number 1 defined depression scores in four rates from normal adolescents. At results of this figure the 37% of subject report moderate depression .figure number 2 and 3 as well as 1 defindes defrential depression rates between cancer and non cancer groups (P-4) .The figures number four definde depression rates in comparison of months and three groups completly (p - 4)

THE DEPRESSION RANGES IN CANSER GROUP

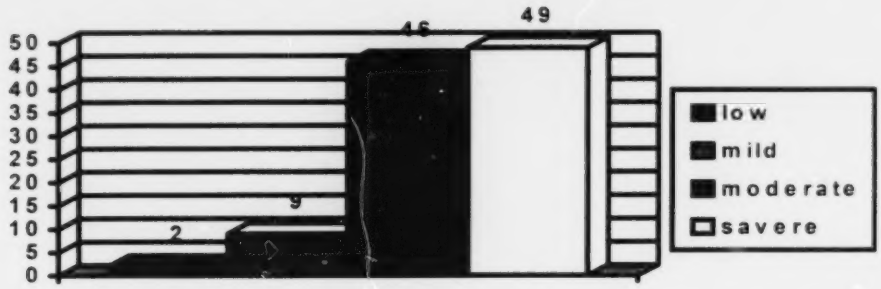

Figure number 2-Defined depression scores by subjects in four groups

THE DEPRESSION RANGES IN NONCANCER GROUP

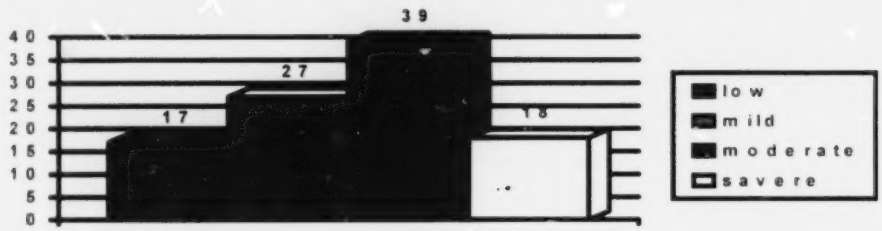

Figure number 3 Defined depression scores by four groups

THE DEPRESSION RANGES IN GROUPS BY MONTHS

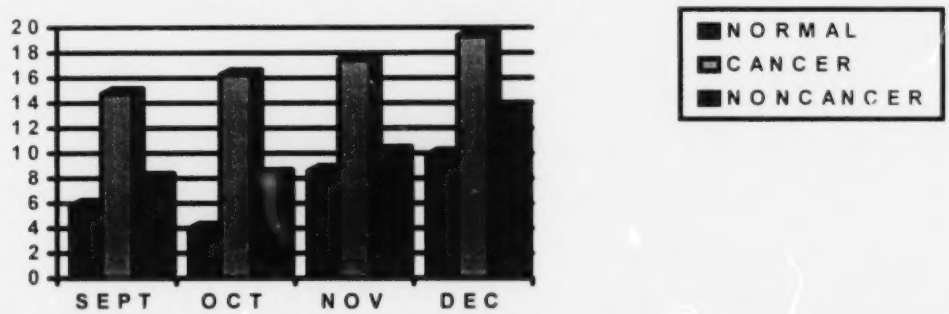

Figure number 4-Defined depression scores in four groups by months

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Statistical analyses of variables clear the format of research in table (1)

GROUPS/MONTH	TYPE/ MONTH	MEAN OF DEPRESSION	STANDARD DEVIATION	CASES
GROUP 1	Normal	07.87	5.51	120
MONTH 1	SEPT	05.86	5.25	30
MONTH 2	OCT	07.00	4.82	30
MONTH 3	NOV	08.60	5.80	30
MONTH 4	DEC	09.90	5.40	30
GROUP 2	cancer	16.94	7.70	119
MONTH 1	SEPT	14.76	7.40	30
MONTH 2	OCT	16.26	7	29
MONTH 3	NOV	17.46	7.60	30
MONTH 4	DEC	19.33	8.30	30
GROUP 3	noncancer	10.02	5.80	121
MONTH 1	SEPT	08.00	4.70	29
MONTH 2	OCT	08.30	4.70	32
MONTH 3	NOV	10.10	5.90	30
MONTH 4	DEC	13.60	6.10	30
FOR ENTIRE SUBJECTS		11.59	7.47	360

Table Number 1-The descriptive statistical analyze of groups and variables. This table report means of depression by months and groups.

By correlation between depression scores and variable of months The result is possible to clear in table number two.

MONTH	DECEMBER	NOVEMBER	OCTOBER
NOVEMBER	MEAN=.9082 (N=90) P=0.0001 **	———	———
OCTOBER	MEAN=.0.8271 (N=90) P=0.0001 **	MEAN=0.9999 (N=90) P=0.0001 **	———
SEPTEMBER	MEAN=.0.8160 (N=90) P=0.0001 **	MEAN=.0.9172 (N=90) P=0.0001 **	MEAN=.0.9159 (N=90) P=0.0001 **

2- the correlation between depression scores and months ** p< 0.01 *p< 0.05

The results of table number two suggest, significant relationship between depression ranges in months. In multiple regression analysis, results appear significant relationship between cancer and months (R squares=0.25,F ratio 121.61,p<0.01).Finally two evaluate interaction variables here used a MANOVA repeated measurements these results appear clearly in table number three. By inferential statistical analyze (MANOVA repeated measurement's design) report appears depression rates of subjects by within and between groups' interactions.

	SOURS OF VARIATION	SS	MS	DF	F	P
N GROUP	WITHIN CELLS	36	139.56	87	18.40	0.0001
	GROUP	9	4	6	———	———
WITHIN GROUP	WITHIN CELLS	1	6	261	———	———
	FACTOR 1	3	382.48	3	63.75	0.0001
	FACTOR * GROUP	69.31	11.55	6	1.93	0.077

Table number 3 reports Manova repeated measurement with one between and one within subject's factor.

The statistical analysis between groups has shown significant rates of depression from pretest evaluation (table number 3)The within group's analysis of data there not show any significant differences between factor number one (months) and groups. This report defines that although the first comparison of means at pretest was significantly difference. Development of depression at months, does not clear any significant difference, between interaction of group and the "time" factor. In view of tow group copartner's research, results appear patina's cancers(group) have more depression rates than group number 1.and 3 (normal and noncancer groups).

RESULT

Figure's numbers 1 to 4 and table shows the means and standard deviation and rates of depression for the four months of study by BDI.As an inferential statistical analysis, between within groups' differences on these measures, the authors prefer to use 3 4 MANOVA repeated measurement and correlation. In which the months and groups are independent variables. The MANOVA revealed a significant difference among three groups by pretest, ordinary (first cancer, then non cancer, and finally normal group) was significant (P <.001). There are not significant interaction between time factor and depression development (p< .001). Because the omnibus test for a difference between diagnostics' groups, data in a univriate analysis of variance (one way ANOVA)was conducted for each variable in base of results. Cancer patinas had significantly more depression than other groups (fig- no 2 table no 1 and 3) probability levels equal to, (p<.001 f ratio =65.165). In comparison of groups and depression by one way analysis the data reports significant different between depression rates of groups no 1 (normal) and 3 (non cancer) & no 1 and 2 (cancer) & group's number 2 and 3. (F =65.165 P= <.001). In base of months and rates of depression by ONE-WAY, data reports significant difference in months and depression in normal group between months 1 and 4 (F=3.27,p<.005) In comparison of cancer group results appear non significant difference between months and depression (F=1.92,P<.1292)and finally non cancer group appear significant difference by months of 1,2 and 4 (F =6.74 p <.05).

DISCUSSION

Due of high significant difference between months, depression and groups the MANOVA and ONE-WAY methods participated to report this results 1- significance difference of depression rates between ill and healthy adolescence's. 2- In comparison to patients, cancer patients had more depression than two groups and finally rate of depression in non cancer groups was more than normal group. This finding with regard to hospitalization is consistent with previous research. Cancer group in comparison to non cancer due to its kind of treatment and its future of treatment, seem make more effective cause of their depression rates. Moreover, results of depression in normal adolescents clear significant difference by months, it makes the possible by Seasonal Affective Disorders, school final exam, or adolescents identify problems.

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